



Retiree Benefit Focus

Department of Administration, Office of Group Insurance

June 2010

MEDICAL PLANS RENEWED FOR THE FY2011 PLAN YEAR

The Retiree Medical plans have been renewed with Blue Cross for FY2011. There will be no changes in benefit levels.

There will be new eligibility requirements effective July 1, 2010 for new enrollees. Any retiree who wants to enroll in coverage on or after July 1, 2010 must retire directly from state service, have at least 10 years of credited state service (20,800 hours), and be receiving monthly a retirement benefit from a state retirement system.

Rates will not increase. They will remain at the current level and the necessary increase will be paid from reserves. (See chart below.)

Traditional Plan	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Family
No Medicare	\$523	\$1,020	\$728	\$1,193
One on Medicare	\$231	\$804	\$404	\$977
Two on Medicare	N/A	\$448	N/A	\$621
PPO Plan	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Family
No Medicare	\$509	\$997	\$699	\$1,157
One on Medicare	\$231	\$793	\$391	\$953
Two on Medicare	N/A	\$448	N/A	\$608
High Deductible Plan	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Family
No Medicare	\$384	\$805	\$548	\$951
One on Medicare	\$188	\$644	\$327	\$783
Two on Medicare	N/A	\$364	N/A	\$503

RETIREE MEDICAL PLAN OPTIONS COMPARISON

The following information is a brief comparison of the three Retiree Plan Options. Outlines of plan benefits on each of the plan options is available on the Group Insurance Website at adm.idaho.gov/insurance/retired.htm

Benefit Provision	Traditional	PPO In-Net	PPO Out-of-Net	High Deductible
Deductible	\$350 Individual \$1,050 Family	\$250 Individual \$750 Family	\$500 Individual \$1,500 Family	\$2,000 Individual \$6,000 Family
Out of Pocket Maximum	\$4,300 Individual \$8,600 Family (Inc. Deductible)	\$3,250 Individual \$6,750 Family (Inc. Deductible)	\$6,500 Individual \$13,500 Family (Inc. Deductible)	\$5,000 Individual \$10,000 Family (Inc. Deductible)
Lifetime Benefit Maximum	\$1,000,000	\$1,000,000		\$1,000,000
Office Visit	Plan pays 80% of Allowable after Deductible	Insured pays \$20 Co-pay (Other services subject to Deductible and Co-insurance)	Plan pays 70% of Allowable after Deductible	Plan Pays 70% of Allowable after Deductible
In-Patient Hospital	Plan pays 80% of Allowable after Deductible	Plan pays 85% of Allowable after Deductible	Plan pays 70% of Allowable after Deductible	Plan Pays 70% of Allowable after Deductible
Diagnostic Services	Plan pays 80% of Allowable after Deductible	Plan pays 85% of Allowable after Deductible	Plan pays 70% of Allowable after Deductible	Plan pays 70% of Allowable after Deductible
Prescriptions Note: If the Insured requests a brand name drug and a generic is available the Insured must pay the difference in cost between the generic and the brand name drug plus any applicable co-payment.	Generic \$10; Formulary Brand \$25 Non-Formulary Brand \$50	Generic \$10; Formulary Brand \$25 Non-Formulary Brand \$50		Generic \$10; Formulary Brand \$25 Non-Formulary Brand \$50

No Decisions, Actions Required if Satisfied With Current Medical Plan

If your current medical plan is meeting your needs, no decisions or actions are required on your part.

However, if you want to change your medical plan selection, please contact our office by June 8, 2010.

You can reach us by email at ogi@adm.idaho.gov
or by phone at: 208-332-1860 or 1-800-531-0597

